

Signature

AUTHORIZED SIGNATURES AND CHECKLIST 2008-2009 School Year

| Helena MT 59620-2501 | County: |
|---|---|
| DUE DATES: To County Superintendent: Tuesday 10/21/2008 To Office of Public Instruction, Accreditation Division: Tuesday 10/28/2008 | District Le: |
| Your work is very important for reporting about and funding Montana Schools! School District Office Sup | County OPI Staff Staff School Improvement State Funding Federal Programs & Funding OPI Web Site (Public Data) |
| Please check to confirm that all reports are completed, and submitted electronically to the Office of Public Instruction by the above dates. Print a copy and forward ORIGINAL to the County Superintendent. | |
| Organization Setup (one per school) Personnel Assignments District Level Report (one per district) School Level Report (one per school) Accreditation Data Report (one per school) PIR and School Start and End Dates (one per school) Alternative Education Programs (one per school) Indian Education Report (one per school) Personnel Recruitment and Retention Report (one per district) Technology Use Report (one per school) Distance Learning Report (one per district) Testing Coordinators (one per district) Reviewed Preliminary Accreditation Report after submit Enclose a copy of your school calendar and master schedule(s) with this signature page. | |
| Authorized Signatures District Signature I verify to the best of my ability that the information reported for the district's Annual Data Collection is | |
| complete and accurate. I retained a copy. | |
| Signature Printe | ed Name Date |
| Check One: Superintendent Principal, no Superintendent | Board Chair, if no Superintendent or Principal |
| County Superintendent Signature I verify that the Annual Data Collection was submit ORIGINAL to the Office of Public Instruction. | tted to me. I retained a copy and forwarded the |

Printed Name

Date